

04661

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <u>Brown Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>✓</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centerville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Bernard</u>	(Middle) <u>L.</u>	(Last) <u>Appelhof</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>24</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 30-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	9. AGE last birthday <u>71</u> yrs.	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>John Walter Appelhof</u>	14. MOTHER'S MAIDEN NAME <u>Mary Smedes</u>	12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No. <u>218-24-4413</u>	17. INFORMANT AND ADDRESS <u>Mr Lyle Appelhof Centerville Md</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a)

450.0

## Antecedent cause(s)

(b)

83d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at..... m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF April 27-1951 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill Md (State) MdDATE REC'D BY LOCAL REG. 4/27/51REGISTRAR'S SIGNATURE Chas Wmaloong

24. FUNERAL DIRECTOR

ADDRESS

Edgar L. Lane Church Hill Md

100105

MARGIN RESERVED FOR BINDING

VS. A15

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 7 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04062

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prine</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prine</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Lydia</u> (First) <u>Elizabeth</u> (Middle) <u>Brown</u> (Last)		4. DATE OF DEATH <u>Apr</u> (Month) <u>2</u> (Day) <u>1957</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, <del>DIVORCED</del> (Specify)	8. DATE OF BIRTH <u>March 31-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>69</u> yrs. If under 1 year Months Days If under 24 hours Hours Min
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Wm J. Elliott</u>		14. MOTHER'S MAIDEN NAME <u>Margaret C. Sawyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Mrs W.D. Everett - daughter</u>			

  

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Found dead in bed - evidently a heart attack</u> Antecedent cause(s) (b) <u>She had had Angina Pectoris for 2 yrs</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/>	
SIGNATURE <u>W. Henry Fisher - M.D. Deputy Med Exam for 2 a. C. Md</u>	ADDRESS <u>Centerville Md</u> DATE SIGNED <u>4/7-58</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 7</u> NAME OF CEMETERY OR CREMATORY <u>Church Hill</u> LOCATION (City, town, or county) <u>Church Hill, Md.</u> (State)
DATE REC'D BY LOCAL REG. <u>4-7-51</u>	REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u> 24. FUNERAL DIRECTOR <u>Edgar L. Lane</u> ADDRESS <u>Church Hill, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

720826

RECEIVED

APR 20 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04063

Item #1:

FILE NO. G 132 APR 30 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>near Centerville</u> LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>near Centerville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>Odesa</u> (Middle) (Last) <u>Seaby</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>8</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>April 3 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday <u>5</u> yrs. If under 1 year Months Days If under 24 hrs. Min.
11. BIRTHPLACE (State or foreign country) <u>near Centerville MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Harry Seaby Jr</u>		14. MOTHER'S MAIDEN NAME <u>Gladys Hawkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT <u>Harry Seaby Jr</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Premature birth - 7 1/2 months</u>			
(b) <u>Antecedent cause(s)</u> <u>+ Congenitally weak - did not thrive or</u>			
(c) <u>nowish</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u> PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr 5, 1951, to Apr 8, 1951, that I last saw the deceased alive on Apr 7, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>4-9</u>	<u>4-9</u>	<u>Gouldtown</u>	<u>Gouldtown</u>	<u>MD</u>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>4-9</u>	<u>Edgard A. Kane</u>	<u>Edgard A. Kane</u>	<u>Church Hill</u>

104031214404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 24 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH - COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Md.</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u>	
TOWN <u>Grasonville</u>		TOWN <u>Grasonville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>		STREET ADDRESS (If rural, give location) <u>Narrowo.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Mary</u> (Middle) (Last) <u>Dodson</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>1</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Housewife</u>	8. DATE OF BIRTH <u>May 15 - 75</u> 9. AGE last birthday <u>56</u> 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Silas Banks</u>		14. MOTHER'S MAIDEN NAME <u>Mary Banks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>220-01-2439</u>	
		17. INFORMANT AND ADDRESS <u>William Banks - Grasonville, Md.</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Cerebral hemorrhageOct. 1950

INTERVAL BETWEEN ONSET AND DEATH

April 1, 1951

## Antecedent cause(s)

(b)

Arteriosclerosis general + cerebralSeveral years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Aortic regurgitationSeveral years

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arthritis deformansabout 2 years

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Febr. 2, 1951., to April 1., 1951.; that I last saw the deceased alive on March 30., 1951.; and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>burial</u>	<u>April 4-51</u>	<u>Charles Md</u>	<u>Charles Md</u>	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 30, 1951</u>	<u>Elizabeth Hoyer</u>	<u>Samuel A. Henry Camb</u>	<u>Md.</u>	

MARGIN RESERVED FOR BINDING

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RECEIVED  
MAY 3 1951  
BUREAU V. S.



Item 18, Icon:

Form No. G 132 MAY 15 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Grasonville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Grasonville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mary</u> (Middle) <u>Rachel</u> (Last) <u>Herroed</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>16</u> (Year) <u>1951</u>	
6. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	9. AGE last birthday <u>55</u> yrs. If under 1 year: Months <u>2</u> Days <u>4</u> If under 24 hrs. Hours <u>2</u> Min. <u>4</u>
11. BIRTHPLACE (State or foreign country) <u>Grasonville, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Wilson</u>		14. MOTHER'S MAIDEN NAME <u>Susanne Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>220-28-1813</u>	
17. INFORMANT AND ADDRESS <u>John H. E. Herroed, Grasonville, Md</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Carcinoma of liver Interval between ONSET AND DEATH several years

## Antecedent cause(s)

(b) Influenza, acute bronchitis & pleurisy March 2, 1951(c) giving rise to the above cause stating the underlying cause last

## II. OTHER SIGNIFICANT CONDITIONS

Diseases or conditions, if any, related to the disease or condition causing death

Influenza, acute bronchitis & pleurisy (5/15/51) aka

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

Removal of adenoma (lipoma & r. shoulder) 1949

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1951, to April 16, 1951, that I last saw the deceasedalive on April 16, 1951; and that death occurred at 11:05 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL CREMATION REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

April 19-51 Alan M. AldridgeJohn D. Williams, Easton, Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 27 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

4293

Reg. Dist. No. *251*  
*200*

1. PLACE OF DEATH- COUNTY <i>Queen Anne's</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>md</i> COUNTY <i>Queen Anne's</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Rural Pondtown</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Pondtown</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>CALEB</i>	(Middle)	(Last) <i>HONEY</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>about 7 yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm hand</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>James Honey</i>		14. MOTHER'S MAIDEN NAME <i>Rachel Wright</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>none</i>		16. SOCIAL SECURITY No. <i>unknown</i>	17. INFORMANT AND ADDRESS <i>Henry Wright Rural Chestertown md.</i>

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <i>Myocardial Insufficiency</i>	<i>year</i>	
Antecedent cause(s) (b) <i>108</i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>108</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Lobar Pneumonia</i>		<i>29 days</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <i>—</i>	PLACE (Home, farm, factory, street, office bldg., etc.) <i>—</i>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 31, 1951*, to *Apr 29, 1951*, that I last saw the deceased alive on *4/26*, 19*51*, and that death occurred at *2:30* A.m., from the causes and on the date stated above.

SIGNATURE *J. H. Hamilton* (Degree or title) *MD* ADDRESS *Millington md* DATE SIGNED *April 30/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>May 1/1951</i>	NAME OF CEMETERY OR CREMATORY <i>St. Pleasant Cem.</i>	LOCATION (City, town, or county) <i>Pondtown md.</i>
DATE REC'D BY LOCAL REG. <i>4/30/51</i>	REGISTRAR'S SIGNATURE <i>Edward L. Lane</i>	24. FUNERAL DIRECTOR <i>Edward Solloway</i>	ADDRESS <i>Millington md.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8106/105

RECEIVED  
JUN 11 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

04666

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH- COUNTY <u>QUEEN ANNE</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>QUEEN ANNE</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>RURAL-QUEENSTOWN</u> LENGTH OF STAY (in this place) <u>LIFETIME</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>RURAL-QUEENSTOWN</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>NONE</u>		STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>WILLIAM MEDFORD HUTCHINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 23 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 28 1883</u>
9. AGE last birthday <u>68</u> yrs.		10. AGE last birthday (If under 1 year) (Month) (Day) (Hour) (Min.) <u>0 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>QUEENANNE Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>BARNEY HUTCHINS</u>		14. MOTHER'S MAIDEN NAME <u>SUSAN LITTLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>EDNA GRIFFIN, QUEENSTOWN, R.D., MD.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X Immediate cause

(a) Carcinoma of bladder

52b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

## 20. AUTOPSY?

Yes ☐ No ☐22. I hereby certify that I attended the deceased from Mar 30 -, 1951, to Apr 23, 1951, that I last saw the deceasedalive on Apr 22, 1951, and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. Henry Frasier M.D.Centerville Md4/24-51

## 23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Apr. 25-51John M. AldridgeJohn D. Williams, EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105

RECEIVED  
APR 27 1954  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <u>Queen Anne's</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centerville</u> LENGTH OF STAY (in this place) <u>all the time</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centerville</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>THOMAS JAMES KEATING</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>26</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 22-1872</u>
9. AGE last birthday <u>79</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Centerville Md</u>	
11. BIRTHPLACE (State or foreign country) <u>Centerville Md</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13. FATHER'S NAME <u>Thomas James Keating</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Frances Webster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Thomas J Keating Jr. Centerville Maryland</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Chronic Interstitial nephritis</u>			
Antecedent cause(s) (b) <u>Heart complication</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) <u>TIME</u>		HOW DID INJURY OCCUR? Injury occurred While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Sept 15</u> , 1950, to <u>Apr 26</u> , 1951, that I last saw the deceased alive on <u>April 25</u> , 1951, and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>W. S. Lowry Fisher M.D.</u>		ADDRESS <u>Centerville Md</u>	
DATE SIGNED <u>4/28/51</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 29-51</u>	
NAME OF CEMETERY OR CREMATORY <u>Chestnutfield</u>		LOCATION (City, town, or county) (State) <u>Centerville Maryland</u>	
DATE REC'D BY LOCAL REG. <u>Apr 28/51</u>		24. FUNERAL DIRECTOR <u>Barton Bros Centerville Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

055877



RECEIVED

MAY

7

1951

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04071

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <u>Queene Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queene Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Near Centreville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Centreville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>James</u>	(Middle) <u>C.</u>	(Last) <u>Mathews</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>16</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1861</u>
9. AGE last birthday <u>89</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm-Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Curt Mathews</u>		14. MOTHER'S MAIDEN NAME <u>Louise Sparks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Nettie Thomas--Church Hill, Md.</u>			

18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>Intermittent</u>			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chronic nephritis</u>			
Antecedent cause(s) (b) <u>592X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/12</u> , 19 <u>51</u> , to <u>4/16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/5</u> , 19 <u>51</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>W. Henry Fisher M.D.</u>		ADDRESS <u>Centreville Md</u>	
DATE SIGNED <u>4/18-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>April 19</u>	<u>Church Hill, Colored</u>	<u>Church Hill, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>April 18</u>	<u>Edgar L. Lane</u>	<u>Edgar L. Lane</u>	<u>Church Hill, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

820105

RECEIVED

1951 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04069

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH- COUNTY <u>Lancaster</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Lancaster</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>in Sumner Corner</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>in Sumner Corner</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Robert</u> (Middle) <u>Lee</u> (Last) <u>Moore</u>		4. DATE OF DEATH (Month) <u>Apr</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Feb 15-1900</u>
9. AGE last birthday <u>51</u> yrs.		10. DATE OF BIRTH <u>Feb 15-1900</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>worked in defense plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>War plant</u>	
11. BIRTHPLACE (State or foreign country) <u>White Oak</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13. FATHER'S NAME <u>Wm Samuel Moore</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Savington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>213-18-4011</u>	
17. INFORMANT <u>Mrs Robert Moore</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Found dead in bed time - evidently

Antecedent cause(s)

(b) no heart attack.

(c) giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY? Yes ☐ No ☒ (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 14

Edgar L. Lane

Edgar L. Lane

Church Hill, Md.

970VVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

APR 20 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH- COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>near Centerville R. Fd</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>near Centerville R Fd</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Wm</u> (Middle) <u>Turner</u> (Last) <u>Morris Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25</u> 19 <u>51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>March 8, 1888</u>
9. AGE last birthday <u>63</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>2. a. Conn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Wm E. Morris</u>		14. MOTHER'S MAIDEN NAME <u>Annie Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>✓</u>	
17. INFORMANT AND ADDRESS <u>Margaret Morris (daughter)</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH  
1/2 hour

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/25, 1951, to 4/25, 1951, that I last saw the deceased alive on April 25, 1951, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. Steuwy Fisher M.D. Centerville Md

4/28-51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>4/29/51</u>	<u>Church Hill</u>	<u>Church Hill</u>	<u>MD</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/28/51</u>	<u>Clair Armstrong</u>	<u>Edgar L. Lane</u>	<u>Church Hill Md</u>	

100105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 10 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chester (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chester (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Arthur</u>	(Middle) <u>Stewart</u>	(Last) <u>Nash</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>28</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 10 - 1884</u>
9. AGE last birthday <u>67</u> yrs.		If under 1 year: Months <u>6</u> Days <u>10</u> Hours <u>10</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wagoner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Optician</u>	
11. BIRTHPLACE (State or foreign country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Nash</u>		14. MOTHER'S MAIDEN NAME <u>Cliff. Crispin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1918-1919</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>John Nash Chester Ind.</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) Coronary occlusion

##### Antecedent cause(s)

(b) myocardial degeneration,

(c) Arteriosclerosis (general) + coronary,

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

hypertensive cardio-vascular disease

#### 19a. DATE OF OPERATION

#### 19b. MAJOR FINDINGS OF OPERATION

#### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 10, 1950, to April 28, 1951, that I last saw the deceased

alive on April 27, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Theodor Battelmaier, M.D. Stevensville

April 28, 1951

#### 23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTER'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 30, 1951 Elizabeth Foster

M. T. Olinet Balt. Ind. Edgar L. Lane Church Hill Ind.

9/10/26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 3 1951  
BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251.....

1. PLACE OF DEATH COUNTY <u>Queene Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queene Anne</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Church Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Henry</u>	(Middle) <u>Mifflin</u>	(Last) <u>Porter</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>13</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 15, 1874</u>
9. AGE last birthday <u>77</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tenant Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Louis Porter</u>		14. MOTHER'S MAIDEN NAME <u>Lucretia Calloway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. (If yes, give war or dates of service)	
17. INFORMANT AND ADDRESS <u>Mrs. Chester Massey Church Hill, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Myocardial Infarction

## Antecedent cause(s)

(b) Pneumonia

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c) None

## INTERVAL BETWEEN ONSET AND DEATH

3 days 6 hrs

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1951 to April 13, 1951, that I last saw the deceasedalive on April 13, 1951, and that death occurred at 7 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 14 Edgar L. Lane Edgar L. Lane Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 11 1951  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ten #9, ww

FILM NO. G 152 APR 26 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

04072

1. PLACE OF DEATH- COUNTY <u>Queen Anne Co</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Queen Anne Co</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Wellsburg (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lyndy (Rural)</u>	
TOWN <u>Wellsburg (Rural)</u>		TOWN <u>Lyndy (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Salisbury Nursing Home</u>		STREET ADDRESS <u>Salisbury</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Harold</u>	(Middle) <u>W</u>	(Last) <u>Brice</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/15/68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H W</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>W</u>	9. AGE last birthday <u>81</u> yrs. <u>52</u>
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William</u>		14. MOTHER'S MAIDEN NAME <u>William</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>NO</u>	
17. INFORMANT AND ADDRESS <u>Wm W Salisbury, Wellsburg, MD</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Acute Pulmonary Dehydration</u>			
Antecedent cause(s) (b) <u>Chronic Myocarditis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Acute Pericarditis</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pericarditis</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 13</u> , 1951, to <u>April 15</u> , 1951, that I last saw the deceased alive on <u>April 13</u> , 1951, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>C N Wilkerson, MD</u>		ADDRESS <u>Salisbury, MD</u>	
DATE SIGNED <u>4/17/51</u>			
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 17-51</u>	
NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>		LOCATION (City, town, or county) <u>Salisbury</u>	
DATE REC'D BY LOCAL REG. <u>4-17</u>		24. FUNERAL DIRECTOR <u>Edgar L. Lane</u>	
REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>		ADDRESS <u>Church Hill, MD</u>	

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BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 500

04073

251

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Chestertown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>SHIRLEY</u>	(Middle) <u>ARLENE</u>	(Last) <u>RICKETTS</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>6</u>	(Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 29 1950</u>
9. AGE last birthday yrs. <u>8</u> mos. <u>8</u> days		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Ricketts</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Hines</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Margaret Hines Rural Chestertown MD</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Congenital Heart Disease</u>			<u>Life</u>
Antecedent cause(s) (b) <u>754.4</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>157e</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		HOW DID INJURY OCCUR? While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from not seen during life, 19....., to not seen, 19....., that I last saw the deceased alive on not seen, 19....., and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington MD DATE SIGNED Apr 8 1957

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 8 1957</u>	<u>Pondtown Ave.</u>	<u>Pondtown</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>April 7, 1957</u>	<u>Edgar L. Lane</u>	<u>Edward P. Lloreda Millington MD</u>		

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH— COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED— STATE <u>md.</u> COUNTY <u>Queen Anne</u>	
CITY (if outside corporate limits, write RURAL and give nearest town) <u>Prisonville</u>		CITY (if outside corporate limits, write RURAL and give nearest town) <u>Prisonville</u>	
TOWN <u>Prisonville</u>		TOWN <u>Prisonville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural, give location) <u>md</u>	
3. NAME OF DECEASED (Type or Print) <u>James</u> (First) <u>L.</u> (Middle) <u>Ruth</u> (Last)		4. DATE OF DEATH <u>April 24</u> (Month) (Day) (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE <u>Married</u> WIDOWED <u>Married</u> (Specify)	8. DATE OF BIRTH <u>Jan 22, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seaford</u>	9. AGE last birthday <u>67</u> yrs. <u>3</u> Months <u>2</u> Days
11. FATHER'S NAME <u>James Ruth</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. MOTHER'S MAIDEN NAME <u>Lottie Ruth</u>		14. MOTHER'S MAIDEN NAME <u>Ruth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-07-7355</u>	
17. INFORMANT AND ADDRESS <u>Harvey Ruth Prisonville</u>		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Arteriosclerosis general + cerebral

INTERVAL BETWEEN ONSET AND DEATH

5 years

## Antecedent cause(s)

(b) cerebral hemorrhage + hemiplegiaNov. 1947

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Arteritis obliterans (Raynaud's disease 2 years)II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.Amputation of right legFeb. 1951

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE		INJURY		HOW DID INJURY OCCUR?	
HOMICIDE		TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Febr. 1, 1951, to April 24, 1951, that I last saw the deceasedalive on April 23, 1951, and that death occurred at 10:54 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Theodor Sattelmour, M.D. StevensvilleApril 25, 1951

23. BURIAL CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>April 26-51</u>		<u>Chesterfield</u>		<u>Centerville Md</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Apr 26-51</u>		<u>Helen M. Adridge</u>		<u>Edgar L. Lane</u>			

910126

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MAY 1951  
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH COUNTY <u>QUEEN ANNE</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>QUEEN ANNE</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>RURAL - GRASONVILLE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>RURAL - GRASONVILLE</u>	
TOWN <u>GRASONVILLE</u> LENGTH OF STAY (in this place) <u>18 YEARS</u>		TOWN <u>GRASONVILLE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>GRASONVILLE</u>	
3. NAME OF DECEASED (Type or Print) <u>OTTO</u> (First) (Middle) (Last) <u>STICHEL</u>		4. DATE OF DEATH <u>APR 6</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 8, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BODY WORK</u>	9. AGE last birthday <u>55</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>BALTIMORE</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>OTTO STICHEL</u>		14. MOTHER'S MAIDEN NAME <u>ELIZABETH GEIGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If year, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>MARY A. STICHEL - WIFE</u>			

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Occlusion

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr 5, 1951, to Apr 6, 1951, that I last saw the deceasedalive on Apr 6, 1951, and that death occurred at 4:20 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>4/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem.</u>	LOCATION (City, town, or county) <u>Balair, Rd</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>4-7-51</u>	REGISTRAR'S SIGNATURE <u>Helen M. Uedudys</u>	24. FUNERAL DIRECTOR <u>Schimunek Funeral Home Inc</u>		ADDRESS <u>2601 E. Madison, St. 550816</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04075

254

VS. A15

RECEIVED  
APR 12 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

04076

1. PLACE OF DEATH COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Stevensville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Stevensville</u>	
TOWN <u>Stevensville</u>		TOWN <u>Stevensville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>ANNIE LOUISE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1951</u>	
6. SEX <u>Female</u>		8. DATE OF BIRTH <u>Oct. 10 - 1875</u>	
6. COLOR OR RACE <u>White</u>		9. AGE last birthday <u>75</u> yrs.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None running</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Howard J. Weston</u>		14. MOTHER'S MAIDEN NAME <u>Annie Baxter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>John W. Weston, Centerville, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>broncho-pneumonia</u>		<u>April 12, 1951</u>	
Antecedent cause(s) (b) <u>Influenza</u>		<u>April 5, 1951</u>	
(c) <u>Arteriosclerosis, malignant hypertension</u>		<u>Several years</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic nephrosis</u>		<u>Several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that <u>attended</u> the deceased from <u>April 5th</u> , 1951, to <u>April 14</u> , 1951, that I last saw the deceased alive on <u>April 14</u> , 1951, and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Theodor Sattelmaier M.D.</u>		ADDRESS <u>Stevensville</u> DATE SIGNED <u>April 16, 1951</u>	
23. BURIAL, CREMATION, RE-INTERMENT (Specify) <u>Burial</u>		DATE THEREOF <u>April 17-51</u>	
NAME OF CEMETERY OR CREMATORY <u>Stevensville</u>		LOCATION (City, town, or county) (State) <u>Stevensville Md</u>	
DATE REC'D BY LOCAL REG. <u>April 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Hooper</u>	
24. FUNERAL DIRECTOR <u>Barton Bros</u>		ADDRESS <u>Centerville Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 24 1951

BUREAU V. S.